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July 14, 2006

To: Local Health Officers
Infection Control Professionals
Division of Public Health Regional Offices
Tribal Health Centers
Wisconsin Influenza Sentinel Clinicians

From: Thomas Haupt, M.S.

RE: Update on human cases of avian influenza
Revised Wisconsin enhanced surveillance for avian influenza –Djibouti added

Attached is a current update on avian influenza and current surveillance criteria for identification of suspect avian influenza cases in Wisconsin. It should be noted that, with prior approval from the Wisconsin Division of Public Health, specimens from ill patients that meet the criteria for possible avian influenza cases will be transported to, and tested at the Wisconsin State Laboratory of Hygiene (WSLH) at no charge.

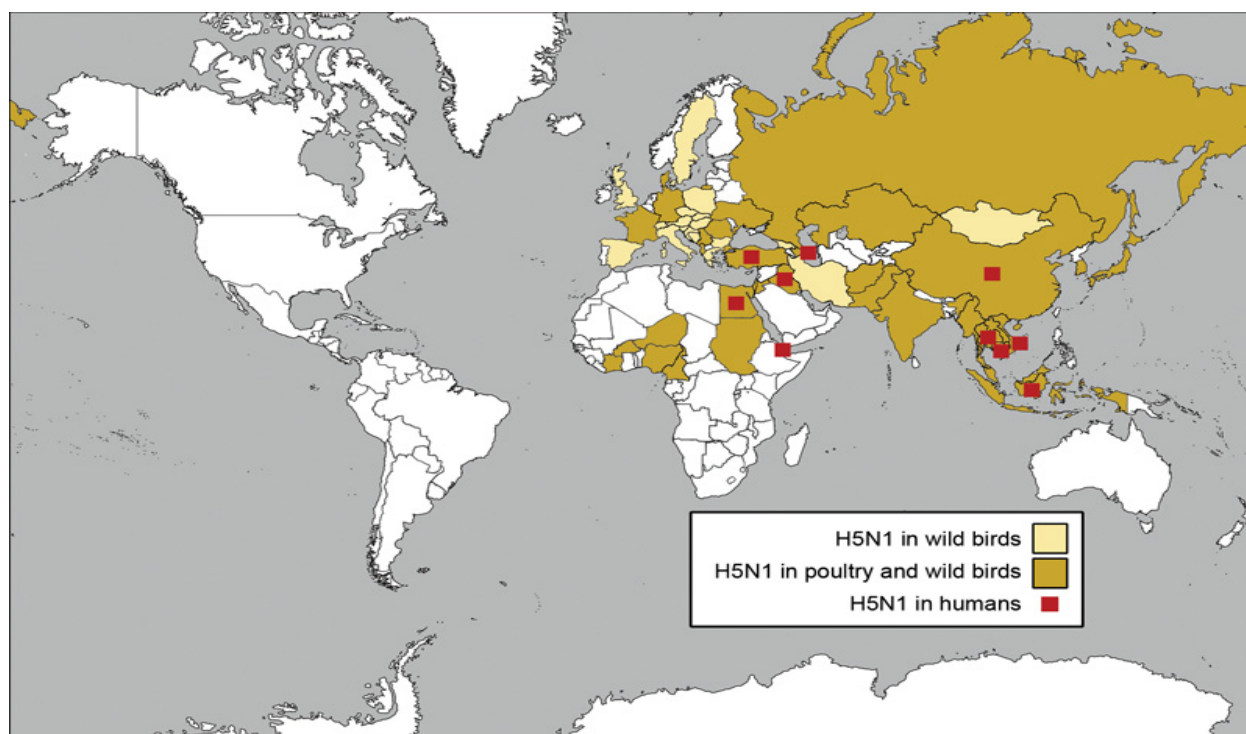
UPDATE ON HUMAN CASES OF AVIAN INFLUENZA WORLDWIDE

14 July 2006

Total number of confirmed human cases

Country	2003		2004		2005		2006		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	8	5
Cambodia	0	0	0	0	4	4	2	2	6	6
China	0	0	0	0	8	5	11	7	19	12
Djibouti	0	0	0	0	0	0	1	0	1	0
Egypt	0	0	0	0	0	0	14	6	14	6
Indonesia	0	0	0	0	17	11	35	29	52	40
Iraq	0	0	0	0	0	0	2	2	2	2
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	85	55	229	131

WHO reports only laboratory-confirmed cases.



DJIBOUTI ADDED TO LIST OF COUNTRIES WITH HUMAN CASES OF H5N1

The Wisconsin Division of Public and the Wisconsin State Laboratory of Hygiene are requesting that health care providers collect specimens from any patient who meets the following criteria:

- The patient presents with signs and symptoms characteristic of influenza (fever, cough or sore throat, myalgia), AND
- The patient has returned from anywhere in Southeast Asia, Turkey, Iraq, Egypt, Azerbaijan or Djibouti within 10 days prior to the onset of signs and symptoms.

Specimen collection should include:

- * One oro/nasal pharyngeal (NP) swab** in viral transport media (for virus isolation)
- * One oro/nasal pharyngeal swab** in no media (for PCR testing)

* At this time an oral pharyngeal swab is preferred

** Do not use wood or calcium alginate swabs. Dacron swabs are preferred

PROMPT SHIPPING OF SPECIMENS IS NECESSARY

Specimens should arrive at the Wisconsin State Laboratory of Hygiene within 24 hours. If this cannot be done, laboratories should call the WSLH emergency number at 608-263-3280 for assistance in prompt delivery of the specimens. Please be aware that only specimens sent with this completed requisition form will be tested for avian influenza (i.e. PCR and virus isolation).

PLEASE NOTIFY THE DIVISION OF PUBLIC HEALTH BEFORE SPECIMENS ARE SUBMITTED TO THE STATE LABORATORY OF HYGIENE

During office hours (7:45 AM to 4:30 PM, Monday-Friday) call 608-266-5326

After hours call 608-258-0099 and ask for the Communicable Disease Epidemiologist “on-call”

RESPONSE TO SUSPECT CASES OF AVIAN INFLUENZA

1. Patients with symptoms that meet the criteria (see above) for suspect avian influenza:
 - If the patient is hospitalized, place in a negative pressure isolation room, OR
 - if their condition does not require hospitalization, the patient will be asked to stay home and avoid contact with others (as much as possible) until test results are available
2. Local public health officials will be notified of any patient who meets the criteria for testing
3. Tracing of contacts is not necessary until a diagnosis of avian influenza is confirmed
4. If avian influenza is confirmed, DPH will work with local health and the health care facility to identify case contacts
 - a case contact is defined as a household contact and anyone who had face-to-face contact with the confirmed case-patient in the 10 days before onset of illness (Contact Monitoring Worksheet)
 - contacts should be monitored for fever and respiratory symptoms for 10 days following their last exposure to the confirmed case
 - contacts may be placed on home quarantine at the discretion of local public health officials. Factors in this decision include:
 - the likelihood of the virus spreading from human-to-human based on the current status worldwide (currently no confirmed human-to-human spread)
 - the compliance of the contact to monitor signs and symptoms and report to local public health officials is questionable
 - routine use of antiviral medication for prophylaxis is not recommended for asymptomatic contacts at this time. If human to human spread be confirmed this recommendation could change
 - contacts with fever and at least one sign or symptom of influenza should be tested for avian influenza and placed on home isolation until the test results are known

For laboratory questions including questions on specimen collection kits, please call Carol Kirk, (WSLH) at 608-262-1021. For other information or clarification, please call Thomas Haupt at the Wisconsin Division of Public Health at 608-266-5326.

You must contact the Wisconsin Division of Public Health at 608-266-5326 prior to specimen submission. Form must be completed, including travel history. For SARS specimens, include the patient consent forms for both RT-PCR and Antibody Testing with specimen(s).

Patient Information		Submitter Information	
Name (Last, First):		(Your Institution's Agency Number If Known)	
Address:		(Your Institution's Name)	
City:	State:	Zip:	(Your Institution's Address)
Date of Birth:	Gender: M F	(City, State, Zip Code)	
Occupation:		(Telephone Number)	
Your Patient ID Number (optional):		Health Care Provider Full Name:	
Your Specimen ID Number (optional):		WSLH Use Only Study: VI FLU SURV SARS	WSLH Use Only: Bill To: (WSLH Account # 74201)
Specimen Submitted for: <input type="checkbox"/> Avian Influenza Surveillance <input type="checkbox"/> SARS Surveillance <input type="checkbox"/> Other _____			
Date Collected:	Specimen Type: <input type="checkbox"/> Other _____ <input type="checkbox"/> Nasopharynx Swab (dry) <input type="checkbox"/> Nasopharynx Swab (in VTM) <input type="checkbox"/> Combined Throat/Nasopharynx Swab <input type="checkbox"/> Throat Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Nasopharynx Asp. <input type="checkbox"/> Stool <input type="checkbox"/> EDTA Blood (plasma) <input type="checkbox"/> Serum		
	Date of Onset:		
General	Symptoms	Respiratory Symptoms	Digestive Symptoms
<input type="checkbox"/> Anorexia		<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Arthralgia		<input type="checkbox"/> Ear Pain	<input type="checkbox"/> Nausea / Vomiting
<input type="checkbox"/> Fever		<input type="checkbox"/> Nasal Congestion	CNS
<input type="checkbox"/> Headache		<input type="checkbox"/> Nasal Discharge	<input type="checkbox"/> Encephalopathy
<input type="checkbox"/> Lymphadenopathy		<input type="checkbox"/> Pharyngitis	<input type="checkbox"/> Delirium
<input type="checkbox"/> Malaise		<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Meningismus
<input type="checkbox"/> Myalgia		<input type="checkbox"/> Cough (<i>circle one</i>) <u>productive / nonproductive / barking</u>	
<input type="checkbox"/> Photophobia		<input type="checkbox"/> Crackles	
<input type="checkbox"/> Rash		<input type="checkbox"/> Dyspnea	
<input type="checkbox"/> Mouth Lesions		<input type="checkbox"/> Wheeze	
		<input type="checkbox"/> Pneumonia	
Vaccination History (Influenza): Was patient vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, Date Vaccinated: / /			

Travel History (Places and dates):

Was patient hospitalized? ☐ Yes ☐ No ☐ Unknown

If Yes, where: _____

WISCONSIN STATE LABORATORY OF HYGIENE USE ONLY

WSLH Test Code: To Be Determined On Receipt